PAYPAIT A BOLLAGARIA COMPANIA										Application or Docket Number				
	PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999									09/664226				
CLAIMS AS FILED - PART I									SMALL ENTITY OTHER THAN				THEN	
(Column 1) (Column 2)									TYPE		OR	SMALL		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE	
BASIC FEE					` .					345.00	OR		690.00	
TOTAL CLAIMS			52	minus	20=	. 32			X\$ 9=	288.00	OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =			·			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							Ι,	-130 <del>=</del>		OR	+260=			
* If the difference in column 1 is less than zero, enter *0* in column 2							Ī	OTAL	6331	OR	TOTAL			
3	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		REMA AF	ums Vining Ter DMENT		PA	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	ک :	2	Minus	••	52	-	Ŀ	<b>(\$ 9=</b>		OR	X\$18=		
	Independent FIRST PRESE	NTATIO	N OF MI	Minus	PENID	ENT CLAIM	= /		K39=	. /	OR	X78=		
					2,10	ENT ODAM		•	130=		OR	+260=		
113 Same								AOC	TOTAL		OR	YOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)											7			
AMENDMENT B	4/1/05	REMA AF	IIMS IINING TER DMENT		PR	HIGHEST HUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	$\leq$	Minus	 ~^	1	=	×	(\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATIO	N OF MI	Minus I	SEND 1 T 7	ENT CLAIM	-	• >	(39=		OR	X78,=		
					2.15				130=		OR	+260=		
٠.								ADD	TOTAL		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENOMENT C		REMA AF	ums Uning Ter Dment		PA	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	A	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••	•	=	X	 (\$ 9=		OR	X\$18=	_ ,	
	Independent	•		Minus	***		=	⊢		<del>  </del>	UR			
	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DE	PEND	ENT CLAIM			(39=		OR	X78≃	<b> </b>	
	f the entry in colu	e calcula act	1	130=		OR	+260=							
**	r tree entry in cour If the "Highest Nur If the "Highest Nur The "Highest Nurr	mber Pred mber Pred	viously Pa viously Pa	ald For IN THI	S SPA S SPA	CE is less tha CE is less tha	n 20, enter "20." In 3. enter "3."	AUU	TOTAL HT. FEE in the ap			TOTAL ADDIT. FEE umn 1.		

FORM PTO-675 (Rev. 12/99)